

## UNITED STATES DISTRICT COURT

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

for the

OCT 02 2020

Eastern District of ArkansasCentral Division

JAMES W. McCORMACK, CLERK

By: [Signature] DEP CLERKBrenda F. Graham

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Houston Methodist The woodlands Hosp.  
Memorial Herman - Greater Hights  
Memorial Herman - The woodlands Medical Center

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

4:20-cv-1172-JM

(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

This case assigned to District Judge Moodyand to Magistrate Judge Deere

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Brenda F. Graham

Street Address

P.O. Box 549

City and County

Bryant, Saline

State and Zip Code

Arkansas 72089

Telephone Number

214-676-8475

E-mail Address

docgraham1081@aol.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Houston Methodist The Woodlands Hospital  
17201 Interstate 45 South  
The woodlands, Montgomery  
Texas 77385  
936-270-2000

Defendant No. 2

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Memorial Hermann Greater Heights Hospital  
1635 N. Loop W  
Houston, Harris  
Texas 77008  
713-867-2000

Defendant No. 3

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Memorial Hermann - The woodlands  
9250 Pinecroft  
The woodlands, Montgomery  
Texas 77380  
713-897-2300

Defendant No. 4

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question ☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Texas Statutes Section 71.001

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Brenda F. Graham, is a citizen of the State of *(name)* Arkansas.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) Houston Methodist The woodlands, is incorporated under the laws of the State of (name) Texas, and has its principal place of business in the State of (name) Texas.  
 Or is incorporated under the laws of (foreign nation) Texas, and has its principal place of business in (name) Texas.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$ 2,000,000

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

The defendants failed to disclose and properly diagnose my spouse the deceased G.G. medical conditions, which lead up to his death. The defendants failed to inform family of infectious condition that could be contracted by others.

## IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff request injuries, damages, cost for funeral

Funeral expense: \$6,257

Head Stone: \$750

Plot: \$250

Pain & Suffering of Decedent & Beneficiary \$1,9927.43

Total: \$ 2,000,000 plus ALL COURT COST.

**DEFENDANTS**

2. The defendant Herman Memorial Greater Heights Hospital , is incorporated under the laws of the State of Texas , and has its principal place of business in the State of Texas . Or is incorporated under the laws of Texas, and has its principal place of business in Texas .

3. The defendant Herman Memorial -The Woodlands , is incorporated under the laws of the State of Texas , and has its principal place of business in the State of Texas . Or is incorporated under the laws of Texas, and has its principal place of business in Texas .

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

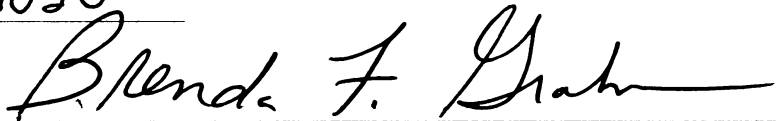
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-2-2020

Signature of Plaintiff

Printed Name of Plaintiff

  
Brenda F. Graham

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address